APN: 1220-03-112-019

RECORDING REQUESTED BY:

AND WHEN RECORDED MAIL TO: Janice Tenorio 15425 Bent Grass Court Rancho Murieta, CA 95683 DOC # 831758

10/07/2013 11:27AM Deputy: KE
 OFFICIAL RECORD
 Requested By:
eTRCO, LLC
 Douglas County - NV
 Karen Ellison - Recorder
Page: 1 of 3 Fee: \$16.00
BK-1013 PG-1502 RPTT: 0.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE AFFIDAVIT - DEATH OF TRUSTEE

STATE OF NEVADA)

) SS.

COUNTY OF DOUGLAS)

Janice Grace Tenorio, Surviving Trustee of the Florencio Tenorio and Janice G. Tenorio Trust dated December 16, 2001, of legal age, being first duly sworn, deposes and says:

Florencio Tenorio the decedent mentioned in the attached certified copy of Certificate of Death, as Florencio Tenorio the same person named as Trustee in that certain Declaration of Trust, executed by Florencio Tenorio and Janice Grace Tenorio, Trustees of The Florencio Tenorio and Janice G. Tenorio Trust dated December 16, 2001.

At the time of decedent's death, decedent was the owner, of certain real property acquired by a deed, Florencio Tenorio and Janice G. Tenorio, husband and wife, Grantor, Grants to Florencio Tenorio and Janice Grace Tenorio, Trustees of The Florencio Tenorio and Janice G. Tenorio Trust dated December 16, 2001, Grantee recorded on , as Book 0211, at Page 1076 of Instrument No. 778147 in Official Records of Douglas County, Nevada, describing the following real property:

Lot 1 of Block A, as shown on the map entitled STODICK ESTATES SOUTH, PHASE 3, in the County of Douglas, State of Nevada, filed December 22, 2005, in the office of the County Recorder of said county as Document No. 664013, and by Certificate of Amendment recorded May 21, 2007 in Book 507, Page 6752 as Document No. 701493 of Official Records

Assessor's Parcel Number(s): 1220-03-112-019

Commonly known as: 1419 Arlen Lane, Gardnerville, NV 89410

831758 Page: 2 of 3 10/07/2013

BK 1013

I am the Surviving Trustees of the same trust under which said decedent held title as trustee pursuant to the deed described above, and am designated and empowered pursuant to the terms of said trust to serve as Trustee thereof.

Dated 9/05/13

Florencio Tenorio and Janice G. Tenorio Trust dated December 16, 2001

Janice Grace Tenorio, Surviving Trustee

STATE OF Nevada

COUNTY OF ____

This instrument was acknowledged before me on

Sept 5,2013

By Janice Tenorio, Surviving Trustee

KARYN WEBB Notary Public - State of Nevada APPT. NO. 9851255 My App. Expires December 08, 2014



BK 1013 PG-1504

831758 Page: 3 of 3 10/07/2013

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH VITAL STATISTICS CERTIFICATE OF DEATH

2012005500

TYPE OR .	187 11 A. 4	1				STATETIL		<u> </u>
PRINT IN	1a. DECEASED-NAME (FIRST,MI	DDLE,LAST,SUFFIX)	robert to lead of Arti		2. DATE OF DEATH (Mo/D	lay/Year) 3	a. COUNTY OF DE	EATH
PERMANENT	Florencio T	ENORIO	1971 1975		April 07, 201	2	Carsor	n City
BLACK INK	3b. CITY, TOWN, OR LOCATION		ITAL OD OTHER INOTITUTION	Name/Wash Siles of		A 5 Marco 10		I4. SEX
	BB, CITY, TOWN, OR LOCATION	OF DEATH ISC. HUSP		-Name(ii not either, giv	Inpatient(Specify		OFFEIRER. KIII.	4. 35^
	Carson City	and numb	Carson Tahoe Regiona	Medical Center	Fmeme	ncy Room /	Outpatient	Male
DECEDENT	5. RACE White			7a. AGE-Last	7b, UNDER 1 YEAR 7c. U	NDER 1 DAY I	O DATE OF BIRTI	
	(Specify)		6. Hispanic Origin? Specify	birthday (Years)	MOS I DAYS HOL	IRS I MINS	B. DATE OF BIRT	n (Mo/Day/11)
	(Specify)		No - Non-Hispanic	75			February	14, 1937
	9a, STATE OF BIRTH (If not U.S.A	ION CITIZEN O	F WHAT COUNTRY 10. EDUCAT	Allert March Control	f	D 112 CUDY	VIVING SPOUSE (I	if wife alve
IF DEATH OCCURRED IN	name country) New Mexico			DIVORCED (Spe		maiden n		Janice LIMA
INSTITUTION	TOTT ITIOXICC		ed States 14					
SEE HANDBOOK	13, SOCIAL SECURITY NUMBER		CCUPATION (Give Kind of Work	Done During Most of	14b. KIND OF BUSINES	S OR INDUST		in US Armed
REGARDING COMPLETION OF	2572	Working Life, E	Even If Retired) Mainter	ance	City Of S	an Jose, Ca	Force	s? Yes
RESIDENCE	15a, RESIDENCE - STATE 115	b, COUNTY	115c, CITY, TOWN OR L		STREET AND NUMBER			INSIDE CITY
ITEMS	TOB. REGIDENCE - STATE	D. COONT	ISC. CITT, TOWN OR L	OCATION 13d.	STREET AND NOMBER		LIMIT	INSIDE CITY S (Specify Yes
	Nevada	Douglas	Gardner	/ille 14	19 Arlen Lane	The state of the s	or No) Yes
	16. FATHER/PARENT - NAME (FI			the state of the s	PARENT - NAME (First Mi	ddle Last Suf	fiv)	k.
PARENTS				II. WOTTLIN				N _L
17	Α	polonio TENO	RIO	1	7.	ta LARSO	14	1.7%
	18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip)							
	Janice TENORIO 1419 Arlen Lane Gardnerville, Nevada 89410							
						·		24-4
	19a. BURIAL, CREMATION, REM					LOCATION	City or Lown	State
DISPOSITION	Crematio	n	Fitzr	enry's Cremator	Υ	Carson	City Nevada	89701
	20a FUNERAL DIRECTOR - SIGN	JATURE (Or Person A	cting as Such) 20b. FUNERA	120c NA	ME AND ADDRESS OF FA	CILITY		
	Indiana II							
	247							
		IRE AUTHENTICAT	TED 21	24	3945 Fairview	Dr Carson C	ITY NV 89701	
RADE CALL	TRADE CALL - NAME AND ADDRESS							
	<u> </u>		at the time date and place and	> 22a On t	he hasis of examination and	or investigation	in my oninion de	ath occurred at
	21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) 21b. DATE SIGNED (Mo/Day/Yr) 21c. HOUR OF DEATH 22b. DATE SIGNED (Mo/Day/Yr) 22c. HOUR OF DEATH 22c. HOUR OF DEATH							
		RGE SALLAB					(g	/
CERTIFIER	章 21b. DATE SIGNED (Mo/D		HOUR OF DEATH		TE SIGNED (Mo/Day/Yr)	1220 1	OUR OF DEATH	
CERTIFIER	S April 10, 2012	ay/11) 210	The state of the s	5 K 220. DA	I E SIGNED (MOIDAY/ 11)	220.1	IOUR OF DEATH	
			13:55	la 6				
	을 들 21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER 을 22d. PRONOUNCED DEAD (Mo/Day/Yr) 22e. PRONOUNCED DEAD (Type or Print)							EAD AT (Hour)
	23a. NAME AND ADDRESS OF C	EDTIEIED /DHVSICIA	N ATTENDING DHYSICIAN ME	DICAL SYMMINED OF	P CORONER) (Type or Prin	N 23	b. LICENSE NUME	RER
			ID 1600 Medical Parkw			"	1263	
		rige Saliaberry II	ID 1000 Wedical Falkw					
REGISTRAR	24a. REGISTRAR (Signature)	MICHEL	E L YOUNG		ED BY REGISTRAR	24c. DEATH DU	E TO COMMUNIC	ABLE DISEASE
	li a de la	SIGNATURE A	UTHENTICATED	(Mo/Day/Yr)	April 11, 2012	YES	:NO	X
1 _ 1 1 1	25. IMMEDIATE CAUSE		CAUSE PER LINE FOR (a), (b),	(NO COL)	36	<u>`</u>	Interval between	annat and doubt
CAUSE OF				AND (C).)	5	i		onset and death
DEATH	PART I (a) Advanced	Liver Disease	9		Market Market State Control	27 E	Years	
		A CONSEQUENCE O)F:				Interval between	onset and death
		otein Calorie		4.1 V		•	micral bothcom	
CONDITIONS IF	(0)	3. 3.			A Flux			
GAVE RISE TO	DUE TO, OR AS	A CONSEQUENCE	OF:	1 1			interval between	onset and death
IMMEDIATE		N 1 N		/ /				
CAUSE ->	(c)		<u>, </u>					
UNDERLYING	DUE TO, OR AS	A CONSEQUENCE O	7 5				Interval between	onset and deam
CAUSE LAST	(d)			s#4 181 / ¥e		ŧ		
/	PART II OTHER SIGNIFICANT	CONDITIONS-Condition	ns contributing to death but not o	sulting in the underly	ing cause given in Part 1	26. AUTOP	SY 127 WIAC	CASE REFERRED
/	Jaundice, Coa		Conditioning to death but het h	and the direction	Judoo great in t talt 1.			ONER (Specify Yes
-7 /	Jaurioice, Coa	guiopatiny 🦠	No.			(Specify Ye	NO OF NO)	No
: / /	28a. ACC., SUICIDE, HOM., UNDET	28b. DATE OF INJURY	Mo/Day/Yr) 28c, HOUR OF IN.	URY 28d. DESCRIB	E HOW INJURY OCCURRED			
1. [28a, ACC., SUICIDE, HOM., UNDET. 28b. DATE OF INJURY (Ma/Day/Yr) 28c. HOUR OF INJURY 28d. DESCRIBE HOW INJURY OCCURRED OR PENDING INVEST. (Specify)							
: []	4.5			<u> </u>				
4.4	28e. INJURY AT WORK (Specify			, office 28g. LOCAT	ION STREET OR R.F.	.D. No. CIT	Y OR TOWN	STATE
1 1	Yes or No)	building, etc. (Specify	D ₁₀					
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80 ====				TAPA C				
7	W						- 1 to	



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

04/11/2012





